## Return to Licensure Application

**Applicant's Name:** 

Mail with a \$60 fee to:

Diane DeMan Educator Quality and Licensing 250 East 500 South P.O. Box 144200 Salt Lake City, UT 84114-4200

In accordance with Utah State Board of Education R277-502-6 a previously licensed educator with an expired license may renew an expired license upon satisfactory completion of a successful **background check**, passing of required Board approved **exam(s)**, employment by a district/charter school, **successful evaluations** by supervisor and completion of a **professional development plan**. Please complete all boxes on this form, attach the required fee and mail or deliver to the name and address listed in the upper right hand corner.

Mailing Address:	E-mail:
Daytime Phone:	SS# or CACTUS ID#:
Total Years of Previous Teaching Experience:	Circle Level of Expired License:
	1 2 3
Name of Current District & School or Charter:	Current Assignment:
Outline the desired knowledge, skills and dispositions the returnin process (how) and content (what) of the professional development knowledge and skill level of the educator as well as school and dis	g educator will be developing. Include the  This plan must be based on the current
Principal/Director	School
Date	For USOE use only